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**32.0 FORMS & RECORDS**

- 32.1 This section contains samples of the forms required for the inspection, qualification and operation of CDC and FCC.

TO LOCATE:	GO TO PAGE:	SECTION REF:
Annual Certification Checklist	32.3	4.0, 21.0, 23.0 & 27.0
Semi-Annual Report for the Child Development Center - NAVPERS 1700/11 (6-94)	32.20	5.0
Semi-Annual Report of Family Child Care Program - NAVPERS 1700/12 (7-94)	32.30	5.0
Child Development Program Registration Card - NAVPERS 1754/5 (Rev. 3-93)	32.39	7.0 & 29.0
Sample Message Format for Notification of Child Sexual Abuse Allegations	32.43	8.0 & 26.0
Statement of Admission - NAVPERS 1700/1 (7-93)	32.44	12.0 & 23.0
Background Check Tracking Form	32.46	10.0, 23.0 & 26.0
Sample Security Application	32.47	10.0 & 23.0
Sample Format for Background Clearance for CDC Employment/ FCC Application	32.48	10.0 & 23.0
Sample Parent Agreement	32.49	3.0
DoD Child Development Program Request for Care Record - DD 2606, Oct 91	32.50	2.0 & 19.0

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**FORMS & RECORDS, cont.**

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TO LOCATE:	GO TO PAGE:	SECTION REF:
Child Development Center Fire/Safety Inspection Checklist	32.57	
Family Child Care Application	32.62	
Family Child Care Health Checklist	32.63	28.0
Family Child Care Fire/Safety Checklist	32.65	29.0
Family Child Care Program Checklist	32.67	30.0
Child Development Center Health/Sanitation Inspection Checklist	32.69	28.0, 29.0 & 30.0

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## FORMS &amp; RECORDS, cont.

ANNUAL CERTIFICATION CHECKLIST  
CHILD DEVELOPMENT PROGRAMS

COMMAND: \_\_\_\_\_ BUILDING: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMANDING OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

STANDARD (OPNAVINST 1700.9D) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>A. FACILITY REQUIREMENT</b>					
<b>1. Space (Section 19)</b>					
- Minimum capacity 25/maximum capacity 305	2				
- Activity room 35 net usable sq. ft.	3				
- Infant area 60 sq. ft. (including crib)	3				
- Isolation area available	2				
- Office/admin space available	2				
- Lobby/reception space available	2				
- Staff space available	2				
- Center location	4				
<b>2. Playgrounds (Sections 19.7 &amp; 19.8)</b>					
- Minimum 100 sq. ft. per child or scheduled	3				
- Playground design appropriate	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9D) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>2. Playgrounds (Sections 19.7 &amp; 19.8) (cont.)</b>					
- Separate area for children under 3 years	3				
- Adjacent to facility	3				
- Fence at least 5'/gates fastened	3				
- Free of fall, trip, and health hazards	3				
- Playground equipment is safe, does not get excessively hot to the touch*	4				
- Playground equipment properly installed and maintained	4				
- Playground equipment installed over fall protection materials*	4				
- Playground equipment developmentally appropriate	4				
<b>3. Fire Prevention/Protection (Section 21)</b>					
- Automatic sprinkler system provided if required	3				
- Local emergency fire alarm evacuation system provided	3				
- Direct exit to the outside from each activity room provided/panic hardware	3				
- Meets facility siting requirements	3				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9D) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Fire Prevention/Protection (Section 21) (cont.)</b>					
- Fire extinguishers provided	3				
- Monthly fire inspection and exit drills documented/ corrective actions taken*	4				
- Action has been taken on items identified as <u>priority</u> on the most recent facility fire protection engineering survey report/copy of last report* (Date <u>  </u> / <u>  </u> / <u>  </u> )	4				
- Fire inspection (Date <u>  </u> / <u>  </u> / <u>  </u> Initials <u>  </u> )	4				
- Room capacities posted	2				
<b>4. Safety (Section 21)</b>					
- Closet door latches open from inside	4				
- Each room occupied by children has at least one window	4				
- Areas are free of nails, splinters, etc.	4				
- Walkways unobstructed/tripping hazards	4				
- Fall protection measures in place	4				
- Extension cords prohibited	4				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>4. Safety (Section 21) (cont.)</b>					
- GFCIs provided where required	4				
- Receptacles protected or in new construction 54" from floor	4				
- Fan blades properly guarded/mounted	4				
- Cleaning supplies in locked storage	4				
<b>B. PROGRAMS</b>					
<b>1. Objectives (Section 14)</b>					
- CDC space utilized for full-day care	3				
- Developmentally appropriate activities are conducted in a well-organized environment	4				
- Regular patron surveys and parent observation	3				
- Appropriate curriculum/interest centers	3				
- Staff/child interactions appropriate	4				
- Continuity of caregivers	4				
- Planned program in hourly care	3				
- ECERS conducted annually/documented	4				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>2. Activities (Section 15)</b>					
- Activities consistent with NAEYC's <u>Developmentally Appropriate Practice</u>	4				
- Balance of activities	4				
- Planned program of activities available	4				
- Activities include small group, adult, and child-initiated	4				
- Daily schedule posted and followed	4				
- Schedule includes outdoor activities	4				
- Program and environment foster independence and positive self-esteem	4				
- Meals and snacks are served family-style	4				
- Nap and rest routines are appropriate	4				
<b>3. Infant/Pre-Toddler/Toddler Care (Section 16)</b>					
- Age appropriate toys/equipment	4				
- Sufficient quantity, multiples of toys	4				
- Individual napping/feeding schedules followed	4				
- Appropriate opportunities and activities provided	4				
- Written plan addresses each child's developmental stages	4				
<b>COMMENTS:</b>					

**FORMS & RECORDS, cont.**

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE		CORRECTIVE ACTION
		YES	NO PARTIAL	
<b>3. Infant/Pre-Toddler/Toddler Care (Section 16) (cont.)</b>				
- Separate crawl area for infants	4			
- No playpens/walkers/swings	4			
- Infants held for feeding	4			
- No high chairs for children over 12 months	4			
<b>4. Equipment, Materials &amp; Furnishings (Section 17)</b>				
- Developmentally/age appropriate toys/materials are provided	3			
- Sufficient quantity	3			
- Proper storage provided	2			
- Safe, sanitary condition	3			
- Child size appropriate furniture	4			
- Appropriate bedding and cots	4			
- Individual storage of children's belongings	4			
<b>C. STAFF/CHILD RATIO &amp; GROUP SIZE (Section 12)</b>				
<b>1. Staffing</b>				
- Ratios met at all times	4			
- Only direct caregivers counted in ratios	3			
- Two caregivers (or comparable measures) in each room	3			
<b>COMMENTS:</b>				



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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)		CODE	COMPLIANCE			CORRECTIVE ACTION	
			YES	NO	PARTIAL		
<b>2. Group Sizes</b>							
- Requirements met at all times		4					
- Group assignments made on child's developmental level		4					
- Each group has clearly defined space and furnishings		4					
- Director or supervisor present at all times		3					
<b>D. CHILD ABUSE (Section 8)</b>							
<b>1. Reporting (CDC and FCC)</b>							
- Local requirements/procedures in place		3					
- Program representative on Family Advocacy Committee		4					
- DoD Hot Line posted		3					
- BUPERS report procedures established		3					
- Follow-up procedures established		3					
<b>2. Child Abuse Training</b>							
- Module 14		3					
- Staff training provided within 60 days		3					
- Resource library		3					
- Training includes Family Advocacy Program (FAP)		3					
<b>COMMENTS:</b>							

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Prevention</b>					
- Visual access into all areas	4				
- Entrance/exits observed and/or secured	3				
- Parent/visitor sign-in/identification procedures	3				
- Parent access provided	3				
- Staff name tags	3				
- Weekend and evening care precautions in place	3				
- Positive discipline and touch policy in writing	3				
<b>4. Background Checks (CDC and FCC) (Section 10)</b>					
- FBI-ID check/procedures*	4				
- SCHR check*	4				
- IRC check (local security/CAAC/Housing/FAR/BUMED/Division Officer, personal/professional references)*	4				
- Line of sight supervision until cleared* (CDC only)	4				
- Documentation available*	4				
- Employee notification procedures*	4				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>E. STAFF TRAINING/QUALIFICATIONS</b>					
<b>1. Personnel Health Requirements (Section 11)</b>					
- Pre-employment and annual medical screenings	3				
- Health records on file	3				
- Personal hygiene routines	3				
- Personal hygiene included in orientation training	3				
<b>2. Staff Qualifications (Section 12)</b>					
- CDCPA/CDCD meets qualification requirements	4				
- CDPA/CDCD position filled*	4				
- Training/curriculum specialist is GS*	4				
- Training/curriculum specialist meets qualification requirements	4				
- Caregivers meet qualification requirements	4				
- Caregiver in each child activity room to plan/implement program	3				
- Volunteers meet all requirements	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Training (Section 13)</b>					
- Career progression provided	2				
- Orientation	3				
- 36 hour training	3				
- Documentation	2				
- Standardized caregiver training implemented	3				
- 4 hour monthly in-service training	3				
- Food service personnel training	3				
- Management staff training	3				
- Non-caregiver staff training	3				
<b>F. FOOD SERVICES (Section 18)</b>					
<b>1. Requirements</b>					
- USDA participation	3				
- Meals and snacks provided	3				
- Meal patterns followed	3				
- Menus posted	2				
- Appropriate serving utensils and dishes	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>G. FUNDING</b>					
<b>1. Financial Support (Section 1)</b>					
- Fees applied to caregiver wages	3				
- APF used for equipment, food, supplies, and services	3				
- APF used for personnel cost	3				
- MWR fund administrator has responsibility	3				
<b>2. Fees &amp; Charges (Section 3)</b>					
- Fee scale based on family income	3				
- Meals and snacks included in fees	3				
- Verified patron income	3				
<b>H. CERTIFICATION &amp; INSPECTION REQUIREMENTS (CDC) (Section 4)</b>					
- Comprehensive local fire/safety	3				
- Comprehensive health and sanitation	3				
- Annual multi-disciplinary	3				
- Daily facility and playground examination	3				
- Follow-up on deficiencies (CDC & FCC)*	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
I. PARENT PARTICIPATION/INVOLVEMENT (Section 7)					
- Advisory board established, includes CDC and FCC	3				
- Parent participation plan (CDC and FCC)	3				
- Parent information/daily reports	2				
- Annual conferences held	3				
J. HEALTH & SANITATION (Section 20)					
- Monthly inspections documented*/corrective actions	4				
- Health inspection (date ___/___/___ initial ___)	4				
- Medical representative assigned as POC	2				
- Written medical policies/procedures	3				
- Smoking prohibited	3				
- Appropriate heating, air conditioning, and ventilation	3				
- Drinking water is available	2				
- Lighting is appropriate	2				
- Toileting and hand-washing facilities	3				
- Water in diaper change area	3				
- Diaper area separate from food prep	3				
COMMENTS:					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)		CODE	COMPLIANCE			CORRECTIVE ACTION	
			YES	NO	PARTIAL		
<b>J. HEALTH &amp; SANITATION (Section 20) (cont.)</b>							
- Appropriate diaper changing procedures are followed		4					
- Infection control followed		2					
- Waste disposal is appropriate		3					
- Food service operations comply		3					
- Custodial/housekeeping appropriate		3					
- Nap/sleeping arrangements appropriate		3					
- Child admission requirements met		2					
- Emergency release information		3					
- Screening procedures for illness		3					
- Oral health procedures		3					
- First aid kit available/well stocked		3					
<b>K. OTHER</b>							
<b>1. Patron Eligibility (Section 2)</b>							
- Priorities established as required/published		2					
- Waiting list reflects priority		2					
<b>2. Instructions and SOPs (Section 5) (CDC/FCC)</b>							
- SOPs available/inclusive		2					
- Employee/provider handbook available		2					
- Parent Handbook		2					
- Admin procedures and records		2					
<b>COMMENTS:</b>							

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE		CORRECTIVE ACTION
		YES	NO	
<b>3. Special Needs Children (CDC &amp; FCC) (Section 6)</b>				
- Special needs children accepted	2			
- Provisions for special needs children are appropriate	2			
<b>4. Cash Handling (Section 9)</b>				
- Change funds and petty cash are secured properly	3			
- Daily activity report completed	2			
- Security practices for handling funds are appropriate, staff receives training in cash handling	3			
<b>5. Alternative Program (Section 31)</b>				
- Referral program is in place	2			
- Supplemental programs offered	3			
<b>L. Family Child Care (FCC)</b>				
<b>1. Standards (Section 22)</b>				
- Policy and procedures ensure in-home care is not permitted unless subject to inspection and approval	4			
- APF for personnel, training, resource library, operational oversight, and miscellaneous expenses	3			
- FCC Coordinator meets qualification standards	4			
<b>COMMENTS:</b>				



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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>2. Administrative Procedures (Section 23)</b>					
- Number of homes assigned to FCC staff does not exceed established guidance	4				
- Monthly unannounced visits are made/documented by FCC staff of certified homes*	4				
- The FCC office maintains a list of all children enrolled in the program and emergency numbers for parents	2				
- Administration has command support from fire/safety/security/housing/Preventive Medicine	3				
- Quality Review Board is established	4				
- Denial and revocation procedures are in place	3				
- FCC is included on the annual multi-disciplinary team inspection	3				
<b>3. Group Size/Space (Section 25)</b>					
- Group size complies	3				
- Indoor space requirements are met	2				
- Outdoor space requirements are met	3				
- Types of homes comply	2				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>4. Qualifications and Responsibilities (Section 26)</b>					
- FCC applicants meet minimum certification requirements*	4				
- Initial health screening completed and updated annually	3				
- Monthly training is completed and documented	4				
- Payment of liability insurance is documented*	4				
- All required certificates are posted	3				
- Provider meets health standards*	4				
- Provider meets fire and safety standards*	4				
<b>5. Program Requirements (Section 30)</b>					
- Variety of games, toys, books and materials available for all ages	4				
- Daily schedule of activities meets the developmental needs of children	4				
- Television use enhances the development of the children	4				
- Positive discipline techniques are practiced and aid the children in developing self-control	4				
- Provider successfully meets the requirements of the FCC Providers' Training Program	4				
- FCC providers serve meals and snacks that meet the United States Department of Agriculture Child and Adult Food Program guidelines	3				
<b>COMMENTS:</b>					

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**FORMS & RECORDS, cont.****ANNUAL CERTIFICATION CHECKLIST****OVERALL RATING SCALE**

<b>CATEGORY</b>	<b>POSSIBLE POINTS PER CATEGORY</b>	<b>FILL IN POINTS RECEIVED</b>
A FACILITY REQUIREMENT	123	
B PROGRAMS	123	
C STAFF:CHILD RATIO & GROUP SIZE	25	
D CHILD ABUSE	74	
E STAFF TRAINING/QUALIFICATIONS	63	
F FOOD SERVICES	14	
G FUNDING	21	
H CERTIFICATION/INSPECTION REQUIREMENTS	15	
I PARENT PARTICIPATION/INVOLVEMENT	11	
J HEALTH & SANITATION	64	
K OTHER	29	
L FAMILY CHILD CARE	93	

<b>IF INSPECTING:</b>	<b>CDC AND FCC PROGRAMS</b>	<b>CDC ONLY</b>	<b>FCC ONLY</b>	<b>TOTAL POINTS RECEIVED THIS FY__</b>
<b>TOTAL POSSIBLE POINTS</b>	655	562	153	
EXCELLENT	641 POINTS AND ABOVE	550+	149+	<b>OVERALL RATING</b>
HIGHLY SATISFACTORY	640-589 POINTS	549-505	148-145	
SATISFACTORY	588-556 POINTS	504-477	144-110	
UNSATISFACTORY	LESS THAN 556	LESS THAN 477	LESS THAN 110	

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## FORMS &amp; RECORDS, cont.

RCS BUPERS 1700-11

SEMI-ANNUAL REPORT FOR THE CHILD DEVELOPMENT CENTER														
COMMAND NAME					PHONE NO. (DSN) COMMERCIAL					FAX NO		REPORTING PERIOD: FY _____ (1) (2)		
SECTION A														
Building Number	Capacity										Enrollment			
	Full Day				Part Day	SACC	Hourly				TOTAL	Full Day	Part Day	SACC
	I	PT	T	PS			I	PT	T	PS				
Bldg. # ____														
Bldg. # ____														
Bldg. # ____														
Total														
SECTION B														
ENROLLMENT BY CATEGORY	Children of enlisted members enrolled in program					Children of dual military members enrolled in program								
	Children of officer members enrolled in program					Children of single parent members enrolled in program								
	Children of civilian members enrolled in program					Number of special needs children enrolled in program								
SECTION C														
ITEM 1 Waiting list by sponsor					ITEM 2 Waiting list by age group					ITEM 4 Present child care arrangements				
A. Single Military					A. Infant (0-12 months)					A. FCC on-installation				
B. Dual Military					B. Pre-Toddlers (12-24 months)					B. FCC off-installation				
C. Military/DoD spouse					C. Toddlers (24-36 months)					C. Other military child development center				
D. Dual DoD Civilian					D. Preschool (3-5 years)					D. Civilian child development center				
E. Single DoD Civilian					Total					E. Military alternative care				
F. Retired Military					ITEM 3 Waiting list by topic					F. Non-military alternative care				
G. Military Reserve					A. Special needs					G. In-home care				
H. National Guard					B. On another military waiting list					H. No present care				
I. Military/unemployed spouse					C. In self-care					I. Other (explain)				
J. Military/other than DoD spouse					D. No present care									
TOTAL					TOTAL					TOTAL				
ITEM 5 A. No. spouses employment prevented					B. Avg. income lost (per family per year)					C. Avg. time taken to obtain care				
SECTION D Attendance day of record Date: _____														
Date					Military					Civilian				
A. Full-day care										after 1800 Mon-Thur				
B. Part-day program										Total hours				
C. Hourly										Number of children				
D. SACC										Remarks				
Total														

NAVPERS 1700/11 (Rev. 6-94)

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**FORMS & RECORDS, cont.**

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**INSTRUCTIONS FOR COMPLETING RCS BUPERS 1700/11  
SEMI-ANNUAL REPORT FOR THE CHILD DEVELOPMENT CENTER**

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**NOTES:**

- Complete all items. Items not discussed are self explanatory.
- Report all statistics in whole numbers. Round off fractions to the nearest whole number.
- When a response or clarification of a response is put in remark section, note "R" on report form in the corresponding box. When additional space is needed for remarks, use a plain sheet of paper and attach it to the report.
- When a response or clarification of a response is put in remark section, note "R" on report form in the corresponding box. Be sure all requested individuals sign the report before it is faxed or mailed.

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## **FORMS & RECORDS, cont.**

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### **DEFINITIONS:**

#### Reporting Period:

Report should cover from the first day of the first month to last day of the sixth month of each reporting period.

Reporting period 1 is 1 Oct- 31 March;

Reporting period 2 is 1 Apr -30 Sept

#### Day of Record:

Use the last day of the period (31 March or 30 September) as the "Day of Record". If this falls on a Saturday, Sunday or federal holiday, use the data as of the previous workday.

#### Full Day Care:

Child care services provided 5 hours or more per day on a regular basis, usually at least 4 days per week, for children ages 6 weeks through 5 years of age.

#### Part Day Care:

Child care services provided on a seasonal or regularly scheduled basis for fewer than 5 hours per day, usually fewer than 4 days per week, for children ages 6 weeks through 5 years of age.

#### Hourly Care:

Care provided in a child development center that meets the needs of parents requiring short term child care services on an intermittent basis.

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**FORMS & RECORDS, cont.**

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School Aged Care (SAC):

Services which provide part-day or hourly care for children 6-12 years of age who require supervision during duty hours, before and after school, and during school closures.

Infant (I):

Children 6 weeks through 12 months of age

Pre-Toddler (PT):

Children 13 months through 24 months of age

Toddler: (T)

Children 25 months through 36 months of age

Pre-School Age Child: (PS)

Children from 37 months through 5 years of age

School Aged Child:

Children aged 6 years through 12, or attending kindergarten through sixth grade, enrolled in a school-age care program.

Special Needs Children:

Children with special needs include, but are not limited to, those who are gifted, physically handicapped, audio-visually disabled, mentally retarded, chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems), required to have special diets, emotionally and perceptually disabled.

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## **FORMS & RECORDS, cont.**

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### Capacity:

The total number of spaces available in your program to provide care.

### Enrollment:

The total number of children for whom care is currently contracted.

### **Reporting Period:**

Enter fiscal year. Circle appropriate reporting period.

### **Section A:**

#### **Building Number:**

Programs with multiple structures are to enter information for each separate building. Identify information by building number. Total the information for the program in the bottom row.

### **CAPACITY:**

Under column "*TOTAL*", enter the total capacity of all the classrooms.

Break down the total capacity into the categories indicated with "*PART DAY*" given as a total figure (not subdivided by age groups).

*Hourly* - enter only spaces permanently assigned to this category. DO NOT INCLUDE "space as available."

Proof figures to ensure the numbers from the categories add up to the number in the *TOTAL* column.



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**FORMS & RECORDS, cont.**

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**ENROLLMENT:**

Note: enrollment may not, but can be the same as total capacity.

If your program has morning and afternoon preschool, count both totals, the morning and afternoon groups, under PART DAY.

**Section B:**

Enter number of children currently enrolled in each category.

Children counted in the three categories on the left may be counted again in the categories on the right; i.e. child of an enlisted member may also be counted as a child of a single parent.

Some children may be counted three times; i.e. officer's child of a dual military family with special needs.

NOTE: The total children of enlisted + officer + civilians (three boxes to the left) must equal the TOTAL enrollment figure in Section A (FULL DAY + PART DAY + SACC).

Enter the number of children whose sponsor is a retired military member on a remarks page and attach it to the report.

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**FORMS & RECORDS, cont.**

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**Section C:**

This section is a summary of the information on the Department of Defense Child Development Program Request for Care Record (DD 2606). See that form for explanation of any terms.

Total the information from forms completed by parents on your waiting list. Enter those numbers here.

**Section D:**

Total each column

**Section E:**

Enter the total number of hours the center is open, on an average, PER WEEK in each of the time periods indicated.

after 1800 Mon-Thur - total all hours for these days

Fri - hours after 1800 on this day alone

Sat & Sun - total any combination of hours for each day

Enter the average number of children using the care per week during each time period.

Remarks: indicate the variance in hours of operation; i.e. till 1830 M-TH;  
0830-1300 SUN

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**FORMS & RECORDS, cont.**

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**Section F:**

Enter dates, MONTH/DAY/YEAR, in each appropriate box.

If an action is scheduled enter the estimated date with the abbreviation, EST (+ date).

If you are in the reaccreditation process, indicate by "RE" under D.

**Section G:**

**Item 1A:** Use actual 6 month reimbursement received to compute average.

**Item 1B:** Circle Yes or No. (If APF is used for a portion of the food bill, or if APF is used for a contract for food, indicate Yes.)

**Item 2:** For each time count children served in all child care facilities.

**Section H:**

If you have no one designated for this duty, write NONE after the word Position.

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**FORMS & RECORDS, cont.**

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**Section I:**

For each Fee Category enter the FEE charged by your program at the bottom of the column.

NOTE: Use FULL ENROLLMENT FIGURES ONLY to indicate the total number of children, by age group, qualifying in each category.

**Item H:** Number of hardship waivers: Enter only the number of fee waivers **approved** due to hardship situations.

**Section J:**

# (number) of billets: Indicate number of billets **allotted** for each of the position areas.

Grade of position: If there are more than one billet for a position, indicate any variance in grades and explain with "remarks" on additional paper.

**Item 1D:** Enter the additional position filled by the individual even when it is duplicated in this listing or listed on the FCC semi-annual report; i.e. CDCD *Dual Hatted as "T/C"* = Training/Cur Spec *Dual Hatted as "CDCD"*

Degree: list actual degree achieved, i.e. AA, BA, etc.

**Item 2D:** Indicate the total number of hours worked per week by all employees in each of the position areas. (If there are two operations clerks, each working 40 hours per week, enter "80".)

Custodian Contract. Indicate "YES" if custodial services are contracted (either through a commercial contract or the base janitorial contract)

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**FORMS & RECORDS, cont.**

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**Item 3:** GSE-2, GSE-3, GSE-4 and GSE-5 are non-appropriated fund caregivers; GS-2, GS-3, GS-4, and GS-5 are appropriated fund caregivers.

**Item 3A:** Authorized. Enter the number of authorized billets in each of the categories.

RFT= Regular Full Time

RPT= Regular Part Time

Flex = Flexible schedule

**Item 3F:** Include both GS and GSE positions.

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## FORMS &amp; RECORDS, cont.

RCS BUPERS 1700-12

SEMI-ANNUAL REPORT OF FAMILY CHILD CARE PROGRAM							
COMMAND NAME		PHONE NO (DSN) COMMERCIAL		FAX NO		REPORTING PERIOD FY ____ (1) (2)	
Total command housing units _____		Total enlisted housing units _____		Total officer housing units _____			
SECTION A Enrollment							
ITEM 1		ITEM 2		Military	DoD civilian	Provider own	Part Time Care
A. Enlisted family		A. 6 wks - 12 mos.					
B. Officer family		B. 13 - 24 mos.					
C. DoD Civilian family		C. 25 - 36 mos.					
D. Dual military family		D. 3 - 5 yrs					
E. Single parent family		E. 6 - 8 yrs					
F. Special needs		F. 9+ yrs					
G. Extended hours		TOTAL					
SECTION B							
ITEM 1 Number of providers		ITEM 3 Provider Information					
A. Active		A. Providers certified: 0 - 1 yr ____ 1 - 2 yr ____ 2 - 4 yrs ____ 5+ yrs ____					
B. Inactive		B. Providers who have completed FCC training program					
C. In-process		C. Educational level: HS ____ AA degree ____ BS degree ____ higher ____					
ITEM 2 Number of homes with		D. Additional certification: CDA ____ State License ____					
A. Full enrollment		E. Previously certified by: Navy/Marine ____ Army ____ Air Force ____					
B. Infants only		F. Average length of time in local program					
C. Mildly ill care		G. Average age of provider					
D. Extended hours							
ITEM 4 Provider certification				ITEM 5 Providers leaving the program			
A. Providers waiting for certification				A. Due to PCS orders			
B. Providers certified this period				B. Personal reasons			
C. Certificates denied this period				C. Out of home employment			
D. Certificates suspended this period				D. Burn out			
E. Certificates revoked this period				E. Other (explain below)			
Remarks _____							
SECTION C							
ITEM 1 Attendance on day of record Date _____				ITEM 2 Waiting list			
A. Total number of children				A. No waiting list kept			
B. Children from military families				B. Waiting list shared with CDC			
C. Children from civilian families				C. Number of children awaiting care in FCC homes			

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**FORMS & RECORDS, cont.**

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**INSTRUCTIONS FOR COMPLETING SEMI-ANNUAL  
REPORT OF FAMILY CHILD CARE PROGRAM****NOTES:**

- Complete all items. Items not discussed are self-explanatory.
- Report all statistics in whole numbers. Round off fractions to the nearest whole number.
- When a response or clarification of a response is put in remark section, note "R" on report form in the corresponding box. When additional space is needed for remarks, use a plain sheet of paper and attach it to the report.
- BE SURE all requested individuals sign the report before it is mailed or faxed.
- Provide all information as of the "day of record" and for this reporting period only, unless otherwise indicated.

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**FORMS & RECORDS, cont.**

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**DEFINITIONS:**

**Reporting Period:**

Reporting period 1 is 1 Oct- 31 March;  
Reporting period 2 is 1 Apr -30 Sept

**Day of Record:**

Use the last Wednesday of the Reporting Period as the "*Day of Record*".

**Full Day Care:**

Child Care Services provided 5 hours or more per day on a regular basis, usually at least 4 days per week, for children ages 6 weeks through 5 years of age, or school-aged children attending before and/or after school (at least 4 days per week) and during school closures.

**Part Day Care:**

Child Care Services provided on a seasonal or regularly scheduled basis for fewer than 5 hours per day, usually fewer than 4 days per week, for children ages 6 weeks through 5 years of age. This includes hourly care during school closures.

**Extended Hours:**

Providing care outside the "normal" working hours of 0600-1800.



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**FORMS & RECORDS, cont.**

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APF Subsidy:

Appropriated fund/direct cash assistance given to individual FCC providers to reduce the amount charged to parents.

Infant:

For purposes of this report and FCC: Children 6 weeks through 24 months of age.

Special Needs Children:

Children with special needs include, but are not limited to, those who are gifted, physically handicapped, audio-visually disabled, mentally retarded, chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems), required to have special diets, emotionally and perceptually disabled.

Mildly Ill Care:

Homes providing care exclusively for children with minor illnesses.

Enrollment:

Total number of children for whom care is currently contracted.

Full Enrollment:

Full enrollment must be in accordance with OPNAVINST 1700.9D group sizes (e.g., 3 children for infant/toddler homes, 6 children for multi-age groups, and 8 children for school aged homes).

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**FORMS & RECORDS, cont.**

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CDA:

Child Development Associate (CDA) credential

**Reporting Period:**

Enter fiscal year.

Circle appropriate reporting period.

**Section A:**

**Item 1:** Enter number of children currently enrolled fulltime in each category.  
(Do not include provider's own children.)

If one parent is active duty and one parent is a DoD civilian, count the child in the active duty category (officer or enlisted as appropriate).

Children counted in the first three categories, A - C, may be counted again in the categories D - G ; i.e. child of an enlisted member may also be counted as a child of a single parent.

Some children may be counted three times; i.e. officer's child of a dual military family with special needs.

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**FORMS & RECORDS, cont.**

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NOTE: The total children in Item 1, boxes A - C (enlisted + officer + civilian) must equal the sum of the first two columns in Item 2

Record the number of children whose sponsor is a retired military member on a *REMARKS* page and attach to this report.

**Item 2:**

**TOTALS:** total the full-day figures down each sponsor column (Military, DoD civilian, provider own) and across each row (by age group).

Add all the column totals across the bottom row; this should equal the sum of the *TOTAL full-day column*

**PART-TIME CARE:** record number by age group only. Add the column to indicate the total number receiving part-time care.

**Section B:**

**Item 1B:** Inactive includes certified providers who currently are not caring for children for any reason, but, typically, might include those on leave, off base, or suspended.

**Item 1C:** Enter number of applicants pursuing certification who are included in FCC coordinator/monitors' caseload.

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**FORMS & RECORDS, cont.**

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**Item 3A:** If a provider was certified at a previous command (or was state licensed) and moved to your command, include both the previous and current time. Count providers certified less than a year in "1 yr" then explain the break down under *REMARKS* (e.g., 3A: 4 less than a year).

**Item 3B:** Record only those who have successfully completed ALL THIRTEEN (13) modules.

**Item 3C:** Group and count providers by the highest educational level achieved.

**Item 3D:** Indicate number of providers who have a CDA. Indicate number of providers who also have a state license.

**Item 4A:** Applicants who qualify but for some reason have not become certified (e.g. command has put a ceiling on the number of homes that can participate in the FCC program at one time).

*REMINDER:* "this period" means "this reporting period."

**Item 5:** Report changes occurring during this reporting period only.

**SECTION C:**

**INCLUDE** providers' children in the count for this section.

NOTE: Item 1A must equal 1B + 1C
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**FORMS & RECORDS, cont.**

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**Items 2A/2B:** Place "X" in the appropriate box.

**Item 2C:** Enter a number here only if a separate waiting list is kept for FCC.  
*Do not* include unborn children.

**SECTION D:**

**REMINDER:** Enter numbers as of this reporting period only.

**Item 1A:** Count providers on "date of record".

**Item 1B:** Enter average USDA reimbursement (FCC Administrative Funds) received by the command. Divide the total amount received for the last 6 months by 6 and enter that figure.

**Item 1C:** Enter the average amount of money USDA reimburses providers. Divide total amount of reimbursement to providers by the number of providers participating and enter that figure.

**Item 2B:** Enter the total dollar amount of APF subsidies paid to all providers.

**Item 2C:** Enter the average dollar amount of subsidy paid to a provider who is reimbursed on a weekly fee basis.

**Item 2D:** Enter the average dollar amount of subsidy paid to a provider who is reimbursed on an hourly fee basis.

**Item 2E:** Enter the AVERAGE *weekly* fee paid by subsidized parents to the provider.

**Item 3A-F:** In each dollar category record the number of providers who charge in that range per child per week. *Do not include fees for extended hours of care.*

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**FORMS & RECORDS, cont.**

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**Item 3H:** Enter the average hourly fee charged by providers who charge for care by the hour instead of charging a weekly rate (e.g., \$2.00, \$2.50, \$3.00 per hour).

**SECTION E:**

**Items 1A/2A:** Indicate the number of billets AUTHORIZED for each of the positions. If there are vacant billets, provide status in the *REMARKS* section.

**Items 1B/2B:** Enter GS or NF then the series and grade (e.g., GS 1701-09, NF 1702-03).

**Items 1D/2D:** Enter any additional position held by an individual even if it is also recorded on the CDC semi-annual report (e.g., FCC Coordinator/CDPA, CDC Operations Clerk/FCC Operations Clerk, FCC Coordinator/Assistant CDC Director).

**Items 1E/2E:** List level of actual degree achieved (e.g., AA, BA, BS, MA)

**Items 1F/2F:** Enter the number of hours a week the position is scheduled to work (e.g., 40 hours, 25 hours).

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## FORMS &amp; RECORDS, cont.

## CHILD DEVELOPMENT PROGRAM REGISTRATION CARD

## CHILD DEVELOPMENT SERVICES

NAME OF CHILD (LAST, FIRST, MIDDLE)		SEX	AGE	BIRTHDATE (DD/MM/YY)		ID CARD NUMBER	
SPONSOR'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		RANK/RATE	BRANCH	STATUS: ACT ( ) RET ( ) CIV ( ) ENL ( ) OFF ( )	
HOME ADDRESS					HOME PHONE		
DUTY STATION			DUTY PHONE		DATE OF ROTATION		
(CIRCLE ONE) SINGLE PARENT/ DUAL MILITARY/FULL-TIME WORKING SPOUSE		IF SPOUSE IS MILITARY (Please check) STATUS: ACT ( ) RET ( ) ENL ( ) OFF ( )			BRANCH	RANK/RATE	
SPOUSE'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		PLACE OF EMPLOYMENT/PHONE			

## EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents)

NAME	PHONE NUMBER	RELATIONSHIP

## OFFICE USE ONLY

USDA CATEGORY		PRIMARY TYPE OF CARE			CDS PROGRAM RATES FOR THIS FAMILY	
YES	NO	FULL DAY	CENTER	HOME	RATES	
FULL		FULL DAY			FULL DAY:	
REDUCED		PART DAY			HOURLY:	
PAID		DROP-IN			B/A SCHOOL:	
					PART-DAY:	
					PRESCHOOL:	

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## FORMS &amp; RECORDS, cont.

## MEDICAL INFORMATION IMMUNIZATION DATES

VACCINE	2 MONTHS	4 MONTHS	6 MONTHS	4-6 YEARS	ALLERGIES? ( ) YES ( ) NO
DTP					IF YES, WHAT?
OPV					
MIB					SPECIAL NEEDS ( ) YES ( ) NO
					IF YES, EXPLAIN:
	15 MONTHS		4 - 5 YEARS		
MMR					

## SPONSOR AGREEMENT:

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD DEVELOPMENT SERVICES (CDS) REPRESENTATIVE TO TRANSPORT MY CHILD, FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT A NAVY MEDICAL FACILITY.

_____ SPONSOR'S SIGNATURE	_____ DATE	_____ CDS REPRESENTATIVE'S SIGNATURE	_____ DATE
_____ SPONSOR'S SIGNATURE	_____ DATE	_____ CDS REPRESENTATIVE'S SIGNATURE	_____ DATE

## PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Departmental Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child Development Programs."

PURPOSE: To provide Child Development Services (CDS) programs with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSM is necessary so that the Child Development Center or Family Home Care programs can identify the individual and his/her records. Information furnished may be disclosed to any DOD component, and upon request, to other Federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary, however, failure to provide the requested information could result in denial of a child's admission to the CDS programs.



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**FORMS & RECORDS, cont.**

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**CHILD DEVELOPMENT SERVICES (CDS)  
INFORMATION/INSTRUCTIONS FOR  
CHILD REGISTRATION CARD**

1. A separate card is to be completed for each child registered.
2. The parent is to complete all information about the family and/or child.
  - After completing the form parents must then sign and date the line in the box SPONSOR AGREEMENT. (This signature and date verifies that all information is correct and validates the agreement to allow transport for medical emergencies.)
  - Each year the card is to be reviewed, corrected where necessary, signed, and dated.
  - Suggested instructions to assist the parent in completing the card are supplied on Page 32.63.
3. A CDS representative is to:
  - Complete the section under OFFICE USE ONLY.
  - Verify the immunizations in MEDICAL INFORMATION.
  - Sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

**FOR CHILD DEVELOPMENT CENTERS:**

4. All cards shall be kept in a card file at the front desk.

**FOR FAMILY CHILD CARE PROGRAMS:**

5. FCC providers shall maintain a CDS Registration Card for each child in the home.
  - Cards shall be in an easily accessible location (for the telephone or for evacuation).

**FOR ALL PROGRAMS:**

6. Cards shall be taken outside with the sign-in sheet during an evacuation drill or in the event of an emergency.
7. Duplicate cards can be kept in the vehicle for field trips if applicable.
8. Copies of the official IMMUNIZATION RECORD are to be kept in addition to the information on this card.

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## FORMS & RECORDS, cont.

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### REGISTRATION CARD INSTRUCTIONS

Complete the attached card to register your child in the local Navy Child Development Program. (A SEPARATE CARD MUST BE COMPLETED FOR EACH CHILD.)

The following information will explain some areas of the card. A Child Development Services (CDS) staff member will answer any additional questions.

- ID CARD NUMBER. List the number of the sponsoring parent.
- STATUS. Mark all boxes that apply to the status of the sponsoring parent.
- HOME ADDRESS. Include city and zip code with street address.
- EMERGENCY NOTIFICATION. List three names (NOT PARENTS). (Parents will be the first called in case of emergency; these names are in case the parents cannot be reached. The names listed here should be people whom you will allow to pick up your child should you not be able to do so.)
- MEDICAL INFORMATION

Medical information is placed here for expediency of records. AN OFFICIAL IMMUNIZATION record from a doctor must be furnished to be copied for the child's permanent file.

It is very important to list any ALLERGIES or SPECIAL NEEDS for quick reference should emergencies occur.

- SPONSOR AGREEMENT

Write your child's name in the appropriate space giving permission for emergency medical transport.

Your signature and date (with a CDS witness) will:

- Verify that all information on the card is correct.
- Validate your permission for emergency medical transport.

(You will be asked to sign this card annually to confirm these two areas.)

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**FORMS & RECORDS, cont.**

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**SAMPLE MESSAGE FORMAT  
FOR  
NOTIFICATION OF CHILD SEXUAL ABUSE ALLEGATIONS**

FROM: (Command)  
TO: BUPERS WASHINGTON DC  
INFO: (Chain of Command)

SUBJ: NOTIFICATION OF CHILD SEXUAL ABUSE ALLEGATION

REF: (a) OPNAVINST 1700.9D

1. Per reference a, general text details allegation of child sexual abuse at CDC (or FCC unit) at (Command).

2. Briefly state:

- Date of alleged incident (YY/MM/DD)
- Date case reported at installation (YY/MM/DD)
- Date reported to Child Protective Services (CPS) (YY/MM/DD)
- Activity where alleged abuse occurred
- Alleged offender's position within activity
- Alleged victim's age, DOB (YY/MM/DD), and sex
- Agencies involved in conducting the investigation (FAP, CPS, NIS, etc.)
- Brief incident description
- What support being provided to parents?
- What future action planned?

3. POC's name and AUTOVON telephone number

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## FORMS &amp; RECORDS, cont.

CHILD DEVELOPMENT/YOUTH PROGRAMS CONDITION OF EMPLOYMENT STATEMENT OF ADMISSION			
THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT/CERTIFICATION			
<b>PRIVACY ACT STATEMENT:</b> Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DoD Instruction 1402.5 Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094. <b>PRINCIPAL PURPOSE:</b> The form will be used by officials of the Department of Navy to obtain background clearance information regarding prospective child development employees/family child care providers/youth programs personnel for use in the employment/certification process. <b>ROUTINE USES:</b> No information will be disclosed outside the Department of Defense. <b>DISCLOSURE:</b> Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification of the applicant may be denied. Providing false information can result in adverse action up to and including removal. <b>RIGHT TO CHALLENGE:</b> You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.			
Applicant _____		SSN _____	
Spouse _____		SSN _____	
<small>military spouse only</small>			
Address _____			
City _____		State _____ Zip _____ Phone _____	
MY SIGNATURE VERIFIES THAT THE INFORMATION BELOW IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
Applicant's Name (print)		Applicant's Signature	
		Date	
Spouse's Signature		Date	
Have you ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?  Applicant:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been asked to resign a position or been decertified from a position for a sexual offense?  Applicant:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, to either question, please provide a detailed description of the arrest or charge and the disposition of the case. (use back of this paper if additional writing space is needed)			

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[illegible]

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**FORMS & RECORDS, cont.****BACKGROUND CHECK TRACKING FORM**

<b>NAME:</b> _____ <b>HIRE DATE:</b> _____ <b>CERT. APPLICATION DATE:</b> _____		
<b>ACTION ITEMS</b>	<b>INITIATED</b>	<b>COMPLETED</b>
STATEMENT OF ADMISSION		
National Agency Check (NAC) (NAF/FCC Only)		
National Agency Check Inquiry (NACI) (APF)		
Reference Checks: Education, Professional/Personal (at least three)		
Family Advocacy Check		
BUMED		
Group Interview (FCC Only)		
CAAC		
Housing Office (FCC Only)		
Division Officer (FCC Only)		
Local Security Check		
STATE CRIMINAL HISTORY REPOSITORY (SCHR) (CDC Only)		
1.		
2.		
3.		
<b>Comments:</b>   		

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**FORMS & RECORDS, cont.****SAMPLE - TO BE PRINTED ON COMMAND LETTERHEAD****SECURITY APPLICATION**

Date: \_\_\_\_\_

From: MWR Department, Personnel Office

To: \_\_\_\_\_ (Local Security/NIS)

Subj: STATE CRIMINAL HISTORY REPOSITORY CHECKS

Ref: (a) Public Law 101-647, Section 231, "Crime Control Act of 1990"

1. As required by reference (a), in-depth background checks are required on all individuals seeking to work with children under 18 years of age in child development/youth programs. These background checks are to certify that the individuals in question have not been involved in any misconduct involving a child victim, a sex crime, a substance abuse felony, or a violent crime.

2. \_\_\_\_\_ has applied to work with children. It is requested that all available records pertaining to the applicant and his/her sponsor (if applicable) be screened for any information that might adversely affect his/her suitability to work with children in our programs.

3. The information below is provided for a local police/State Criminal History Repository check:

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Current Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth: \_\_\_\_\_

\*\*\*\*\*

FORMER RESIDENCES (past ten years, not beyond age 18):

FROM (DATE)	TO (DATE)	STREET/NUMBER	CITY/STATE

3. Please forward to: \_\_\_\_\_  
 \_\_\_\_\_ (fill in local command information)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

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**FORMS & RECORDS, cont.**

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From: Director, Child Development Program Administrator or FCC coordinator  
To:

Subj: BACKGROUND CLEARANCE FOR CHILD DEVELOPMENT CENTER (CDC) EMPLOYMENT OR  
FAMILY CHILD CARE (FCC) APPLICATION

Ref: (a) OPNAVINST 1700.9D

1. As required by reference (a), in-depth background checks are required on all individuals seeking to work with children in our Child Development Services Programs. These background checks are to determine that the individuals in question have not been involved in any misconduct involving children, assaultive behavior, substance abuse and larceny.

2. \_\_\_\_\_ has applied to work with children. It is requested that all available records pertaining to the applicant and his/her sponsor (if applicable) be screened for any information that might adversely affect his/her suitability to work with children in our programs.

Applicant Information

NAME:  
FORMER NAMES:  
SS#:  
QTRS ADDRESS (if applicable):

QTRS PHONE (if applicable):

Sponsor Information

NAME:  
FORMER NAMES:  
SS#:  
ORGANIZATION:

DUTY PHONE:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD DEVELOPMENT SERVICES DIRECTOR

From:  
To: Director, Child Development Services Program

Subj: BACKGROUND CLEARANCE FOR CHILD DEVELOPMENT CENTER (CDC) EMPLOYMENT OR  
FAMILY CHILD CARE (FCC) APPLICATION

1. A check of all records pertaining to the above named individual(s) disclosed the following:

- |   |  |
|---|--|
| <input type="checkbox"/> No record of applicant | <input type="checkbox"/> No adverse information              |
| <input type="checkbox"/> No record of sponsor   | <input type="checkbox"/> Adverse information as stated below |

2. Comments:

3. Recommended for approval/disapproval.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE, RANK/POSITION



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**FORMS & RECORDS, cont.**

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**SAMPLE PARENT AGREEMENT**

I understand and agree that as long as my child \_\_\_\_\_ is enrolled in \_\_\_\_\_  
\_\_\_\_\_ Child Development Center (CDC), I will:

1. Pay a total weekly fee of \_\_\_\_\_ which is based on my total family income.
2. Provide yearly updated information to verify current income. I understand that I will be charged the highest fee on this center's scale if income verification is not provided.
3. Not withhold any information from the CDC staff which would affect my weekly fee in any way.
4. Pay the set weekly fee which will not be discounted due to illness, federal holidays, family vacations or scheduled center closings unless this command has chosen to give one or more of these discounts.
5. Pay the set weekly fee within the time constraints set by this command.
6. Pay a registration fee of \_\_\_\_\_ if it is required for enrollment at this installation.
7. Pay a service charge for checks returned as set by this command.
8. Not exceed or expect the center to provide more than 50 hours of care per week without additional compensation. I agree that these hours will be provided during regular working hours. I understand that all care provided during special openings, and weekends will require additional compensation. (Case-by-case exceptions require a waiver by the Commanding Officer.)
9. Pay an hourly care fee of \_\_\_\_\_ per hour.
10. Ensure that my account is paid in full when discontinuing service for any reason.

\_\_\_\_\_  
Sponsor's Signature      Date

\_\_\_\_\_  
CDC Representative's Signature      Date

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## FORMS &amp; RECORDS, cont.

DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM REQUEST FOR CARE RECORD				REPORT CONTROL SYMBOL	
<b>PRIVACY ACT STATEMENT</b>					
<b>AUTHORITY:</b>		PL 101-89 Sec. 1507; EO 9397			
<b>PRINCIPAL PURPOSE(S):</b>		To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.			
<b>ROUTINE USE(S):</b>		None.			
<b>DISCLOSURE:</b>		Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.			
1. DATE OF REQUEST (YYMMDD)			2. EXPIRATION DATE (YYMMDD)		
3. FAMILY INFORMATION					
a. SPONSOR'S NAME (Last, First, Middle Initial)			b. SPOUSE'S NAME (Last, First, Middle Initial)		
c. CHILD'S NAME (Last, First, Middle Initial)			d. CHILD'S DATE OF BIRTH (YYMMDD)	e. CHILD'S AGE	
f. HOME ADDRESS (Street, City, State, Zip Code)			g. SPONSOR'S BRANCH OF SERVICE		
			h. DUTY ORGANIZATION		
i. HOME TELEPHONE NUMBER (Include Area Code)			j. DUTY TELEPHONE NUMBER (Include Area Code)		
k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)					
(1) Name (Last, First, Middle Initial)		(2) Date of Birth (YYMMDD)		(1) Name (Last, First, Middle Initial)	
				(2) Date of Birth (YYMMDD)	
4. PROGRAM(S) DESIRED (X as applicable)				5. AGE GROUP (X one)	
a. FULL-DAY CARE		e. FAMILY DAY CARE (FDC)		a. INFANTS (0 - 12 months)	
b. PART-DAY CARE		f. PART-DAY ENRICHMENT		b. TODDLERS (13 - 35 months)	
c. SCHOOL-AGE		g. DAY CAMP		c. PRESCHOOL (3 - 5 years)	
d. SPECIAL NEEDS				d. SCHOOL AGE (5 + years)	
6. SPONSOR STATUS (X one)					
a. SINGLE MILITARY		e. SINGLE DOD CIVILIAN		i. MILITARY / UNEMPLOYED SPOUSE	
b. DUAL MILITARY		f. RETIRED MILITARY		j. MILITARY / OTHER THAN DOD SPOUSE	
c. MILITARY / DOD SPOUSE		g. MILITARY RESERVE		k. OTHER (Specify)	
d. DUAL DOD CIVILIANS		h. NATIONAL GUARD			
7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)					
a. FDC ON-INSTALLATION		d. CIVILIAN CDC		g. IN-HOME CARE	
b. FDC OFF-INSTALLATION		e. MILITARY ALTERNATE CARE		h. NO PRESENT CARE	
c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)		f. NON-MILITARY ALTERNATE CARE		i. OTHER (Specify)	
8. GENERAL INFORMATION (X and complete as applicable)					
Yes	No	a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)		Yes	No
		b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?		c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation)	
		d. CURRENT COST OF CARE PER WEEK (If child is currently in care)			
9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)					
	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (YYMMDD)					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME (In months)					

DD Form 2606, OCT 91

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**FORMS & RECORDS, cont.**

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**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM  
REQUEST FOR CARE RECORD  
DD FORM 2606  
INSTRUCTIONS**

The Department of Defense Request for Care Record must be completed to determine the unmet need for military child development programs. Information must be collected from eligible families desiring enrollment of their child(ren) in Department of Defense military child development programs, whose child care needs **cannot be met upon demand** through **center-based care** or **family day care** placement, to place children on waiting lists, and to make recommendations for placement in supplemental child care programs. Data collected will be compiled by Services and reported annually to Office of the Assistant Secretary of Defense (Family Policy, Support and Service) on the DoD Annual Summary of Operations, DD 2605. A separate form must be completed by parent(s)/sponsor(s) for each child whose immediate placement in military child care programs cannot be accomplished. Failure to furnish information will result in loss of placement on child development program lists. Upon placement of child, this form must be maintained in an inactive file for use in compiling data for the DoD Annual Summary of Operations, DD Form 2605. Forms must be completed annually. Expires 1 year after date of completion.

I. **DATE OF REQUEST.** Enter the date form is completed in 2-digit numerics - year/month/day (example: September 3, 1991 = 09/03/91).

II. **EXPIRATION DATE.** Enter the date one year after the completion date in 2-digit numerics. (See example in Part I.)

III. **FAMILY INFORMATION**

a. **Sponsor's Name.** Enter the last name, first name, and middle initial of the sponsor (military member or civilian employee) of the child for whom child care is desired. Note: If dual military or dual civilian parents/sponsors, enter ranking sponsor's name.

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**FORMS & RECORDS, cont.**

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b. Spouse's Name. Enter the last name, first name, and middle initial of the spouse of the sponsor. If single parent, enter N/A for not applicable. If dual military or dual civilian enter parent/sponsor not listed in Part III, item "a".

c. Child's Name. Enter the last name, first name, and middle initial of the child for whom child care is desired.

d. Child's Date of Birth: Enter the year/month/day of birth of the child for whom child care is desired in 2-digit numerics. (See example in Part I.)

e. Child's Age. Enter the age of the child for whom child care is desired in years and months. If less than 1 year, enter in months.

f. Home Address. Enter the street address, city, state, and zip code of the residence of the child for whom child care is desired.

g. Sponsor's Branch of Service. Enter the branch of service of the sponsor (military or civilian) of the child for whom child care is desired. If dual military or civilian sponsors, enter Service for each parent, with ranking parent's Service first (example: ranking Army father with Navy DoD civilian wife = Army/Navy).

h. Duty Organization. Enter the duty organization of the ranking sponsor.

i. Home Telephone. Enter the home phone number, including the area code, of the sponsor.

j. Duty Telephone. Enter the duty phone number of the ranking sponsor.

k. Sibling Care. (1) Enter the last name, first name, and middle initial of each sibling for whom child care service(s) may be desired. If sibling has been placed in child care, do not enter name. (2) Enter the date of birth of each listed in item k, (1).

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**FORMS & RECORDS, cont.**

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IV. **PROGRAMS DESIRED.** Enter an "X" in the column preceding each category of child care service desired.

a. **Full-Day Care.** Child care services 6 hours or more per day on a regular basis.

b. **Part-Day Care.** Seasonal or regularly scheduled care for less than 6 hours per day.

c. **School-age Care.** Part-day or hourly care for children 5-12 years of age who require supervision before and after school, during duty hours of parents, on school holidays, vacation, and during school closures.

d. **Special Needs.** Special child care accommodations needed for children with disabilities who have been diagnosed as "qualified" handicapped by a medical advisor, and for whom military child development services have been determined to be suitable.

e. **Family Day Care.** Home-based child care service that is provided by an individual who is certified by the Secretary of the military department concerned as qualified to provide child care services, and who provides those services for 10 hours or more on a regular basis.

f. **Part-Day Enrichment.** A center-based part-day program for children 3-5 years of age, which lasts 5 hours or less on a regularly scheduled basis, and provides developmentally appropriate enrichment activities designed to promote school readiness for children.

g. **Day Camp.** A part-year center-based program for 5-12 year olds, offered during special school breaks, such as summer vacation, Spring Break or Christmas holidays.

V. **AGE GROUP.** Enter an "X" in the column preceding the age group which best describes the age of the child for whom child care services are desired.

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**FORMS & RECORDS, cont.**

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VI. **SPONSOR STATUS.** Enter an "X" in the column preceding the category which best describes the status of the sponsor listed in Part III, item "a".

- a. **Single Military.** An unmarried active duty military member.
- b. **Dual Military.** An active duty military member whose spouse is also an active duty military member.
- c. **Military/DoD Spouse.** An active duty military member whose spouse is a DoD civilian employee.
- d. **Dual DoD Civilians.** A DoD civilian employee whose spouse is also a DoD civilian employee. Note: Include Appropriated Fund (APF) and Nonappropriated Fund (NAF) employees.
- e. **Single DoD Civilian.** An unmarried DoD civilian employee (either NAF or APF).
- f. **Retired Military.** A single or married retired military member whose benefits include eligibility for use of MWR activities.
- g. **Military Reserve.** A single or married activated reservist whose benefits during active reserve duty include eligibility for use of MWR activities.
- h. **National Guard.** A single or married activated member of the national guard, whose benefits include eligibility for use of MWR activities during active duty.
- i. **Military/Unemployed Spouse.** An active duty military member whose spouse is not employed outside the home.
- j. **Military/Other than DoD Spouse.** An active duty military member whose spouse is employed outside the home but not as a DoD employee.

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**FORMS & RECORDS, cont.**

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k. Other (Specify). This category includes any other sponsor status not described in part VI a through j. Also includes DoD civilian employees whose category was not described in Part VI d & e.

VII. **PRESENT CHILD CARE ARRANGEMENTS.** Enter an "X" in the column preceding the category which best describes the current child care arrangements of the child for whom child care is desired.

a. FDC On-Installation. The child is presently enrolled in a certified Family Day Care Home located on a military installation.

b. FDC Off-Installation. The child is presently enrolled in a state or county certified Family Day Care Home located off the military installation.

c. Other Military Child Development Center. The child is presently enrolled in another military operated child development center-based program.

d. Civilian CDC. The child is presently enrolled in a civilian child development program.

e. Military Alternate Care. Child care is presently being provided through a military sponsored supplemental program (other than center-based or on-installation family day care program).

f. Non-Military Alternate Care. Child care is presently being provided for this child in a civilian sponsored supplemental program (other than a civilian center-based facility or licensed family day care home).

g. In-Home Care. The child is presently being cared for by a friend, employee, or family member in my home.

h. No Present Care. Child care services are not currently being provided for this child. (This category includes latch-key school age children.)

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**FORMS & RECORDS, cont.**

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i. Other (Specify). List any category not described in Part VII, items a through h.

**VIII. GENERAL INFORMATION.** Enter an "X" in the Yes or No column in a-c as required.

a. Enter an "X" under "Yes" if the spouse is seeking employment but is unable to work due to unavailability of affordable child care. Enter an "X" under "No" if the spouse is not seeking employment. If answer is "Yes," estimate the average annual income the spouse would make if employed.

b. Enter an "X" under "Yes" if the child for whom child care is desired has been diagnosed as a child with disabilities by a medical advisor. Enter an "X" under "No" if applicable.

c. Enter an "X" under "Yes" if the child for whom child care is desired is listed on another military child development program waiting list and a DD 2606 has been completed at that center. Enter an "X" under "No" if applicable.

d. Enter the current weekly fee you now pay for child care if the child for whom care is desired is currently in some form of child care as indicated in Item VII.

**IX. UPDATE AS REQUIRED.** Updates should be completed as required by your service instructions. Upon placement, this form must be maintained for a minimum of 2 years.



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**FORMS & RECORDS, cont.****CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Each inspection item should be verified and noted by the inspector's initials.

ITEM	YES	NO															
<b>FIRE</b>																	
<p>Date of most recent renovation of this facility or date of initial occupancy of this facility as a CDC: ____/____/____</p> <ul style="list-style-type: none"> <li>Construction and fire safety criteria applicable to any existing structure are those that were in effect at the time of its construction, initial occupancy for this use, or most recent renovation. "Grandfathering" (i.e., deferment of new criteria and code requirements) is strictly limited to the period prior to the next renovation or addition to an existing center which is otherwise in full compliance with criteria applicable at the time of construction or latest renovation.</li> </ul>	N/A																
Does the facility conform to the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code except as noted in OPNAVINST 1700.9D or alternative measures approved by NAVFAC/EFD Fire Protection Engineer?																	
Does this facility have a previous "Certificate of Occupancy?" Date last issued: ____/____/____																	
<p>Do staffing levels within child activity rooms meet or exceed those listed below (verify with CDC Director)?</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Max. Group Size</th> <th>NUSF*</th> </tr> </thead> <tbody> <tr> <td>Infant (6 wks - 12 mo)</td> <td>8 children/2 staff</td> <td>480</td> </tr> <tr> <td>Pre-toddler (12 - 24 mo)</td> <td>10 children/2 staff</td> <td>350</td> </tr> <tr> <td>Toddlers (24 - 26 mo)</td> <td>14 children/2 staff</td> <td>490</td> </tr> <tr> <td>Preschooler (36 - 60 mo)</td> <td>24 children/2 staff</td> <td>840</td> </tr> </tbody> </table> <p>* NUSF (Net Usable Square Feet) is area within the child activity space that is available for program use (i.e., not including toilets, fixed equipment, storage, etc.)</p>	Age Group	Max. Group Size	NUSF*	Infant (6 wks - 12 mo)	8 children/2 staff	480	Pre-toddler (12 - 24 mo)	10 children/2 staff	350	Toddlers (24 - 26 mo)	14 children/2 staff	490	Preschooler (36 - 60 mo)	24 children/2 staff	840		
Age Group	Max. Group Size	NUSF*															
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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>FIRE (cont.)</b>		
<p>Is the CDC located on the level of exit discharge which leads directly to the outside?</p> <ul style="list-style-type: none"> <li>CDCs are not permitted in basements, above first floor levels (assuming the first floor to be the level of exit discharge) or in buildings that house fuel storage shops, maintenance shops including woodworking and painting areas, laundries and large kitchens (laundries and kitchens relating to CDC programs are permitted) or in other areas which may be equally or more hazardous.</li> </ul>		
<p>Where CDCs are located in buildings containing other occupancies, is the CDC completely separated from all other occupancies by 1 hour fire-rated construction?</p> <ul style="list-style-type: none"> <li>Automatic sprinkler protection is a separate requirement and does not constitute a substitution for 1 hour fire-rated construction.</li> </ul>		
<p>Is there an automatic sprinkler system provided throughout the entire building containing the CDC:</p> <ul style="list-style-type: none"> <li>Partial sprinkler systems are not permitted. Sprinklers were not required for some types of CDC facilities constructed, renovated, or occupied prior to issuance of OPNAVINST 1700.9D). In older facilities that are not sprinkler protected, the type of construction must comply with the applicable edition of OPNAVINST 1700.9D (in effect at the time the facility was constructed, renovated, or occupied as a CDC). If a building is sprinkler protected, any type of construction is allowable.</li> </ul>		
Are UL or FM approved sprinklers rated @ 165°F?		
Are sprinkler water flow alarms connected to the fire alarm evacuation system?		
Is sprinkler system supervised?		
Is there a supervised local energy fire alarm evacuation system provided throughout the entire building?		
Does the fire alarm system include complete automatic smoke detection, manual pull stations, audiovisual alarm indicating devices, and connections to the sprinkler water flow alarms?		

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>FIRE (cont.)</b>		
Does the system automatically transmit alarms to the fire department?  • Wherever automatic transmission of alarms is not possible, an alternate means of transmission, approved by the local Fire Marshal, or cognizant installation personnel, will be required.		
Are exits provided in accordance with the Educational Occupancies Section of NFPA 101 Life Safety Code except that at least one exit door shall lead directly to the outside from each activity room?		
Are low-profile thresholds and ramps provided for all changes in elevation?		
Are exit doors provided with panic hardware?		
Are exit doors from any rooms which are to be used for infant care sufficiently wide (36 inches in clear width, or the width of the evacuation crib plus 6 inches, whichever dimension is greater) to permit rolling cribs from their room(s) directly to the outside of the building, away from any danger or hazards?		
Are appropriate escape paths with hardened surfacing (e.g., asphalt, concrete, etc.) leading away from the building provided? Dead end corridors are not permitted.		
Are operational fire extinguishers provided in accordance with NFPA 10? Are they regularly inspected?		
Are highly combustible furnishings and decorations not permitted (regardless of sprinkler protection)? Are teaching materials and artwork attached to the walls limited so as not to exceed 20 percent of the wall area?		
Are wastebaskets and other waste containers of noncombustible materials?		
Are unvented, fuel-fire room heaters and portable electric space heaters eliminated?		
Are monthly fire protection inspections and exit drills conducted by cognizant installation personnel?		

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>FIRE (cont.)</b>		
Have discrepancies cited through these inspections been noted and time tables for correction been provided? Has a written report been left with the center director and a copy forwarded to the cognizant department head following each inspection and exit drill?		
Is a daily attendance record maintained by the center staff in each activity space and kept readily available for conducting "head counts" of evacuees outside the building in the event of fire or other emergency?		
Is the fire detection/evacuation system tested on a monthly basis?		
<b>ELECTRICAL</b>		
Have extension cords been eliminated?		
Is a ground fault circuit interrupter (GFCI) provided for each circuit servicing bathrooms, kitchens, laundry facilities, exterior receptacles, and sink areas?		
Does electrical installation and equipment comply with the requirements of the National Electrical Code?		
Are electrical receptacles located in child activity areas occupied by children under 5 years of age protected by nonconductive caps in conjunction with the standard grounded receptacle and/or controlled by a separate switch permitting them to be de-energized when not necessary for use?		
Are receptacles located at least 54 inches above the floor and out of the reach of children?		
<b>SAFETY</b>		
Has exposure to toxic and hazardous substances such as lead paint, asbestos, formaldehyde, termiticide, cleaning supplies, etc., been eliminated or controlled?		
Has exposure to poisonous, toxic, or other hazardous plants, shrubbery, or trees been eliminated? Has hazardous plant material been removed and replaced with acceptable material?		
Do all closet door latches permit children to open the door from inside the closet? Are all locks removed from bathroom doors used by children?		

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>SAFETY (cont.)</b>		
Do all interior doors to child activity rooms and to any space within child activity rooms have windows or view panels, or are they equipped with half-height (half doors) for the continuous viewing of all children?		
Does each room occupied by children have at least one window or glazed opening to the building exterior? This window or glazed opening may be part of the direct exit door from the activity room. Note: This is a requirement simply to ensure natural illumination, not egress.		
Is the CDC free from protruding nails, splinters, holes or loose boards?		
Have tack strips/boards been replaced with clip strips or magnetic holders which do not present puncture or ingestion hazard posed by loose tacks?		
Are aisles and passageways kept clean and in good repair with no obstructions across or in aisles that could create a tripping/emergency evacuation hazard?		
Is every flight of stairs having two or more risers provided with stair railings or handrails appropriate for use by children and staff?		
Are covers and/or guard rails provided to protect personnel from hazards of openings, falls from elevations, etc.?		
Has injury potential from falls been minimized by reducing exposed or unfinished hard surfaces wherever possible?		
Are fan blades located less than seven (7) feet above the floor or working level guarded with openings no larger than one-half (1/2) inch?		
Is noise exposure to personnel within the facility limited to 85 dba?		
Have drills and training been conducted and documented for all staff on various emergency procedures?		

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE (FCC) APPLICATION**

I request that I be permitted to establish family child care in my government quarters in accordance with OPNAVINST 1700.9D and Family Child Care Standards.

I am presently caring for, or plan to care for \_\_\_\_\_ children, including my own, and understand that I must maintain the number of children cared for within the age limitation prescribed in OPNAVINST 1700.9D. Additionally, I will comply with the rules and regulations established for government family housing.

I also understand that my home is subject to inspection or release of information by the following agencies for initial certification, annual certification, or as needed and that discrepancies noted on these inspections will be corrected as directed by the respective inspectors.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

REVIEWING OFFICE

RECOMMENDED FOR  
APPROVAL      DISAPPROVAL

Fire Department  
Preventive Medicine Office  
Security Department  
Housing Office  
State Licensing Authority (If applicable)  
FCC Monitor (If applicable)  
Family Advocacy Representative  
Counseling and Assistance Center  
Division Officer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FCC Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Decision:**              Approved: ☐              Disapproved: ☐

**Commanding Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicable, reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
HEALTH CHECKLIST**Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Provider's name: \_\_\_\_\_

Address: \_\_\_\_\_

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Is a completed registration/health form on file for each child enrolled?		
2. Are children's immunizations current before being accepted for care?		
3. Have provider's family members received all required immunizations?		
4. Has provider completed required first aid training and CPR training?		
5. Are there any emergency medical and first aid plans?		
6. Are family pets free of disease and inoculated?		
7. Are animals kept out of food areas?		
8. Are infants' bottles labeled, dated and properly stored or refrigerated?		
9. Are menus posted?		
10. Does provider serve meals and snacks?		
11. Are menus well-balanced and planned according to United States Department of Agriculture meal patterns?		
12. Are hand-washing facilities readily available for children including liquid soap and disposable towels and face cloths?		
13. Are disposable diapers used? Are sanitary diapering procedures prescribed by the Centers for Disease Control being used?		
14. Are soiled diapers placed in tightly covered receptacles with plastic liners?		
15. Are soiled diapers stored away from play, sleep or food service areas?		
16. If cloth diapers are used, are they individually marked and provided by parents?		

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
HEALTH CHECKLIST (cont.)**

CRITERIA	YES	NO
17. Are soiled cloth diapers placed unrinsed in sealed plastic bags?		
18. If used, are toilet training chairs thoroughly cleaned and disinfected after each use?		
19. Does each child have his/her own place to sleep or rest that is at least 4 inches from the floor?		
20. Are crib and bed linens changed when soiled or when occupied by different children?		
21. Are beds used by family members completely covered by waterproof cover and clean linens before being used by children?		
22. Are cribs slats less than 2-3/8 inches apart?		
23. Are only prescription medications administered? Is a record of the date, time, and dosage kept?		
24. Are medications, cleaning supplies and other dangerous supplies kept safely out of reach of children?		
25. Are garbage and refuse containers tightly covered and away from children's play area?		
26. Are all requirements for Family Child Care, Section 28 of OPNAVINST 1700.9D followed?		
27. Are all toys, cots, diapering areas and food service surfaces sanitized using procedures prescribed by the Centers for Disease Control?		
28. All areas used for care of children are well-lit, adequately ventilated, and maintained at a comfortable temperature.		
29. Does the provider refrain from smoking when children are present? Is smoking material out of reach of children?		
30. Are separate, locked storage areas provided for cleaning equipment and supplies, including detergents and solvents?		



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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
FIRE/SAFETY CHECKLIST**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Do rooms used by children provide sufficient space to accommodate them comfortably?		
2. Does home have at least two exits which discharge directly to the outside? (Single family homes only.)		
3. Is smoke detector in operating condition?		
4. Is fire extinguisher (minimum 2A:10BC) accessible and in working condition?		
5. Are exits free from obstruction?		
6. If the children must go up and down stairways, are they wide enough to adequately accommodate their travel?		
7. Does stairway have handrails? Is stairwell well lit?		
8. Are safety gates provided at stairways when infants/pre-toddlers/toddlers are enrolled?		
9. If facility has elevated walkways, porches, ramps, or play areas, are there barriers to prevent falls?		
10. If home provides care for physically handicapped children, are the grounds graded to the same level as the primary entrance to the building for easy access for such children?		
11. Has provider been trained in emergency procedures in event of fire? Is evacuation plan posted?		
12. Are children familiar with procedure and evacuation plans?		
13. Do all electrical receptacles have protective caps or other protective mechanisms to prevent child contact?		
14. Did any outlets appear to be overloaded?		

**27 OCT 1994****FORMS & RECORDS, cont.**

**FAMILY CHILD CARE  
FIRE/SAFETY CHECKLIST (cont.)**

CRITERIA	YES	NO
15. Are only approved extension cords used?		
16. If clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., are they clearly marked at child's eye level to avoid accidental impact?		
17. Does home maintain first aid kit in readily accessible location?		
18. If portable, electric fans must be used, are they covered by a protective safety net or cover?		
19. Is there a telephone or an emergency response plan?		
20. Are the following emergency telephone numbers conspicuously posted:	N/A	
a. Fire Department?		
b. Police?		
c. Poison Control Center?		
d. Emergency medical resource (such as doctor, clinic, ambulance, etc.)?		
21. Is an operable flashlight readily available in case of power failure?		
22. Is outside play equipment safe?		
23. Is there peeling paint in the rooms or on the equipment used by the children?		
24. Is outdoor play area free of tools, insecticides, and other hazards?		
25. Are children kept out of any room where a furnace, domestic hot water heater, or gas meter is installed?		
26. Are all rooms in quarters child-proofed? Are rooms not used by children inaccessible?		
27. If FCC home is a mobile home unit, are all standards in OPNAVINST 1700.9D met?		

**Comments:**


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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
PROGRAM CHECKLIST**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Are group sizes and ratios followed per the posted certificate or application (infant, multi-age, etc.)?		
2. Are children supervised at all times?		
3. Is the environment arranged to promote discovery and freedom of movement by children?		
4. Is there a variety of games, toys, books, and materials available to meet the various ages and developmental needs of the children?		
5. Are toys, games, and materials stored on low, open shelves accessible to children?		
6. Are meals and snacks served family-style?		
7. Are the discipline and guidance techniques used in a positive way to develop good self image and self-discipline?		
8. Are children only released to the child's parents unless written authorization is given by parents?		
9. Is the daily schedule posted and followed?		
10. Does the daily schedule provide for age-appropriate and developmentally sound activities for all children enrolled?		
11. Do the daily activities provided have a balance between child-initiated and adult-directed?		
12. Does schedule include daily opportunities for children to play outside?		
13. Does provider make provisions for parent involvement/interaction?		
14. Is there an authorized back-up provider?		

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**FORMS & RECORDS, cont.**

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**FAMILY CHILD CARE  
PROGRAM CHECKLIST (cont.)**

CRITERIA	YES	NO
15. Does provider maintain accurate business and administrative records in an organized manner? Are records easily accessible?		
16. Has provider received training on use of the FDCRS and Navy FCC Providers Training Program?		
17. Has provider received training in child abuse prevention? Does provider understand child abuse/neglect identification and reporting procedures? Is DoD Hot Line posted?		

**Comments:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

## CHILD DEVELOPMENT CENTER HEALTH/SANITATION INSPECTION CHECKLIST

Instructions: Each inspection criteria item should be verified and noted by the inspector's initials.

CRITERIA		YES	NO
<b>ITEM 1. CDC PROGRAMS' COMPLIANCE WITH HEALTH STANDARDS OF CDCS</b>			
1. Do written policies and procedures comply with criteria and are they developed with the assistance of the local health consultant?			
2. Are written policies and procedures posted and available to staff and parents?			
3. Are all CDC staff trained on established procedures for handling emergencies and minor health problems?			
4. Is a health inspection conducted on a monthly basis and as needed by preventive medicine officials, noting deficiencies and a time table for corrections? Is written documentation of corrective actions on file?			
5. Is a medical officer assigned as the point of contact for medical problems which may occur?			
6. Is staff training in first aid and CPR current?			
<b>Comments and Recommendations:</b>			

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 2. CHILD CARE FACILITIES' COMPLIANCE WITH SERVICE HEALTH STANDARDS FOR CDCS (cont.)</b>		
1. Are floors and walls clean and free from hazards?		
2. Is smoking prohibited in child development facilities and on playgrounds?		
3. Are cleaning supplies (except for bleach solution) not stored in or directly off the rooms occupied by the children, in the kitchen, or in the toilet facility?		
4. Do indoor temperatures protect the health of children?		
5. Are floor furnaces, open grate gas heaters, and electric space heaters not used to heat areas occupied by children?		
6. Do fans have a protective safety net and are they installed outside the reach of children?		
7. Are rooms well ventilated? Do doors and windows without screens remain closed? Do food service areas have adequate ventilation?		
8. Does water quality meet standards?		
9. Do lighting levels meet standards? Is emergency lighting provided at building exits?		
<b>Comments and Recommendations:</b>		
<b>ITEM 3. TOILET, HAND WASHING, AND DIAPER CHANGING FACILITIES</b>		
1. Does the number of toilets and sinks for children over three years meet requirements?		
2. Does the number of toilets and sinks for children 2-3 years meet requirements?		
3. Does the number of toilets and sinks for children 12-24 months meet requirements?		
4. Does the number of diaper change areas meet requirements?		
5. Is running water available in diaper change areas?		

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 3. TOILET, HAND WASHING, AND DIAPER CHANGING FACILITIES (cont.)</b>		
6. Are the National Centers for Disease Control's diapering procedures followed?		
7. Is an approved disinfectant used? Are surfaces disinfected after each use?		
8. Does diaper disposal meet requirements? Are all hand washing facilities provided with hot and cold water, mixing faucets, liquid soap, and hand towel dispenser? Are paper towels, liquid soap, etc., at the child's level? Does the temperature of hot water used by children not exceed 110°F?		
9. Are separate toilet and hand washing facilities provided for staff members?		
<b>Comments and Recommendations:</b>		
<b>ITEM 4. INFECTION CONTROL</b>		
1. Do staff and children wash hands frequently, using hand washing procedures prescribed by the National Centers for Disease Control?		
2. Are surfaces and equipment cleaned and disinfected at least once a day?		
3. Is a schedule for cleaning and disinfecting toys and equipment followed?		
4. Are disinfectant solutions approved?		
<b>Comments and Recommendations:</b>		

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 5. LAUNDRY FACILITIES, WASTE DISPOSAL, AND PEST CONTROL</b>		
1. Are laundry services in accordance with NAVMED P-5010-1, Chapter 2?		
2. Are solid wastes, garbage, and disposable diapers kept in durable, leak-proof, non-absorbent waste containers? Are containers in kitchen and diaper changing areas provided with tight-fitting lids? Are soiled diapers not stored in play, sleep, or food areas?		
3. Is pest control in accordance with NAVMED P-5010-8?		
<b>Comments and Recommendations:</b>		
<b>ITEM 6. FOOD SERVICE OPERATIONS</b>		
1. Does food service equipment, including refrigerators meet National Sanitation Foundation or equivalent standards?		
2. Are formula and juices prepared at home identified (labeled and dated) for the appropriate child by the parents, and refrigerated until used?		
3. Is baby food provided by parents labeled and dated? Are opened containers refrigerated and sent home at the end of each day?		
4. Are microwaves not used to heat bottles or containers of baby food?		
5. Are cooking utensils and dishware washed and sanitized in accordance with NAVMED P-5010-1, Food Service Sanitation?		
6. Do food service facilities meet the structural and sanitary requirements in NAVMED P-5010-1, Chapter 1?		
7. Does food procurement, storage, preparation, and dishwashing follow NAVMED P-5010-1, Chapter 1?		
8. Do personnel who engage in food service operations have current training in sanitary food service operations?		
<b>Comments and Recommendations:</b>		



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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 7. CUSTODIAL AND HOUSEKEEPING SERVICE</b>		
1. Do standard operating procedures for custodial and housekeeping services reflect OPNAVINST 1700.9D requirements?		
2. Are services provided in accordance with guidelines?		
<b>Comments and Recommendations:</b>		
<b>ITEM 8. FIRST AID KIT</b>		
1. Are first aid kit contents standardized? Are personnel knowledgeable in kit location and use? Are kits stored out of reach of children and are no hazardous items included?		
2. Are contents of kits checked monthly and replenished as necessary?		
<b>Comments and Recommendations:</b>		
<b>ITEM 9. NAP/SLEEPING PROVISIONS</b>		
1. Are regularly scheduled nap and rest periods provided for children, as specified? Does each child have his/her own crib/cot/mat with his/her own sheet/blanket? Are crib surfaces free of hazards?		
2. Are cots cleaned with approved products at least weekly? Are cribs cleaned on a daily basis? Are cribs and cots cleaned with approved products after each use whenever used by different children?		
3. Is there at least 3 feet between cots? Are children placed in alternating head-to-foot positions?		
<b>Comments and Recommendations:</b>		

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 10. CHILD ADMISSION REQUIREMENTS</b>		
1. Is a registration form for each child completed by parents prior to admission?		
2. Is no child admitted to a CDP without current immunizations against tetanus, diphtheria, pertussis, poliomyelitis, and Hi type B?		
3. Are children's records current and updated annually?		
4. Are procedures established to ensure compliance with additional immunization requirements?		
5. Are children screened for illness upon arrival. Are children who are ill separated from the group?		
6. Is staff aware of children's allergies?		
7. Is a signed parental consent for child to receive emergency medical/dental care on file?		
<b>Comments and Recommendations:</b>		
<b>ITEM 11. ORAL HEALTH</b>		
1. Do children over 2 years of age enrolled for full-time care brush their teeth after lunch with fluoride toothpaste?		
2. Does each child have a personally labeled toothbrush?		
3. Are toothbrushes stored so they do not drip on other toothbrushes, separated from one another and exposed to the air to dry, and not in contact with any surface?		
<b>Comments and Recommendations:</b>		

CRITERIA		YES	NO
<b>ITEM 12. MEDICATIONS</b>			
1. Is medication administered in accordance with OPNAVINST 1700.9D?			
2. Is only topical, non-prescription medication administered? Are medications provided by parents daily with written directions for use? Are over the counter oral medications not administered?			
<b>Comments and Recommendations:</b>			